# Nursing Homes COVID-19 Preparedness Task Force Meeting | August 13, 2020

#### ATTENDEE LIST:

	⊠ Renee L. Beniak	⊠ Betty Chu, M.D.	🗵 Ann M. Hepfer
□ David E. Herbel	⊠ Alison E. Hirschel		⊠ Preeti N. Malani, M.D.
⊠ Hari "Roger" Mali, II	☐ Mia K. Moore		⊠ Kari L. Sederburg
□ Leslie Love	⊠ Hank Vaupel	☑ Rosemary Bayer	☐ Curt VanderWall
☐ Melissa Seifert	⊠ Robert Gordon	☑ Orlene Hawks	⊠ Salli Pung

#### **AGENDA:**

#### Discussion Items / Meeting Goals

ID	Agenda Item	Lead	Time
1	Final Recommendation Review     Level-set     Process		10 min
2	Presentation of Preliminary Recommendations <ul> <li>Resource Availability</li> <li>Staffing</li> <li>Placement of Residents</li> <li>Quality of Life</li> </ul>	Workgroup Leads	75 min
4	Next Steps	Dr. Chu	5 min
5	Other (as time permits)	All	

#### **Notes:**

Workgroups presented each of their preliminary recommendations to the Task Force. There was then an open forum for feedback, clarifications, and questions. Workgroups will take any feedback and incorporate it in their next iteration of recommendations that are due on August 26. The final recommendations will be endorsed by the Task Force on August 27.

Workgroup	Preliminary Recommendations
	The workgroup recommends that MDHHS work with hospitals to identify facilities with excess capacity, including long-term acute care hospitals, specialty surgical hospitals, and the use of swing beds. Also, if a hospitalized patient has less than 72 hours remaining in the overall isolation period, the hospital should keep the patient until the end of the isolation period.
Resident Placement	The workgroup recommends using the regional hub program with strengthened guidance and protocols. Updated guidance should include on-site review of the facility's physical plant and compliance with protocols. MDHHS should prepare a pamphlet on the program to provide detail to

### Nursing Homes COVID-19 Preparedness Task Force

Meeting | August 13, 2020

	residents, families and the public. Facilities would have to notify residents and families that they have been designated a hub.
	The state should continue to explore the option of creating dedicated COVID-19 facilities/alternative care settings. While these options may not be feasible for an upcoming second wave, the state should explore the necessary changes in policy that would allow for the establishment of these options in preparation of a future pandemic or surge, particularly in urban areas.
	Recommendation for improving the Regional Health Care Coalitions, Local Emergency Management and FEMA to coordinate and prioritize PPE supplies for Nursing Homes.
Resource Availability	Improvement in the coordination, prioritization, and procurement of laboratory testing supplies for Nursing Homes.
	Nursing Home reporting coincides with the risk based on MI Safe Start risk mapping.
	Laboratory systems that are dedicated to and prioritize nursing home testing
	Consistent funding stream to secure continued testing of Nursing Homes residents and staff as considered a standard of care for management of
	COVID 19
	Website - New and Updates to Existing
	Public Service Announcements
Staffing	Ensure adequate access to training programs across the state
· · · · · · · · · · · · · · · · · · ·	Improved support of physical and mental health for current staff
	Set minimum standards for CNA Preceptor Training across MI
	Michigan will have a formal and identified CNA Career Ladder
	Outdoor visits are allowed and strongly encouraged for residents in long term care settings
	Providers will provide small-group non-contact activities for residents
	Providers will provide limited communal dining for residents
	Providers will provide residents with the option to participate in in-door visitation
	Providers will provide residents with the option to engage in smalls groups as a "family" or "pod" within the facility
	Increase virtual visitation opportunities for residents regardless of COVID-19 status Virtual visitation is especially important for residents who are
	COVID positive or under observation as they do not have access to in-person visits and if the state
Quality of Life	experiences another surge in COVID-19 and other
Quality of Life	types of visits are suspended
	Provide additional creative activity ideas for nursing home staff
	Providers will increase resident supports for meaningful activities and engagement especially for residents living with Dementia or other cognitive limitations
	Ancillary service providers should be determined essential based on the resident's need to receive the service and the negative impact (physically, emotionally, psycho-socially) on the resident when the service is not being provided
	Providers will be allowed and strongly encouraged to engage volunteers to serve as facilitators of inperson visits or virtual visits (Visitation Volunteers)
	MDHHS to offer clarifications on the Epidemic Order issued June 30, 2020
	Providers will support residents attending off-campus appointments for medical (dental, optical, etc.)
	and mental health purposes when telemedicine is not feasible
	State to clarify that window visits are allowed and strongly encouraged weather permitting
	,

## Nursing Homes COVID-19 Preparedness Task Force Meeting | August 13, 2020

#### A summary of discussion points:

- Clarification between PCR testing vs antibody testing. All recommendations are around diagnostic testing specifically.
- Staffing Recommendation #6: Michigan will have a formal and identified CNA Career Ladder
  - Some members were unclear how this was discretely tied to the COVID-19 second surge. Workgroup lead spoke to staff engagement; keeping staff; improved infection control; retention and communication with management.
  - A few members brought for the consideration that this recommendation does not address if facility is not staffing enough per shift; feels under staffing is highest priority (staffing ratios). Workgroup didn't think that it was within the charge of the group within the context of what is attainable within the time frame, it is out of scope, could not address removing licensing mandate to support staffing ratios.
    - LARA will perform close review of items/issues related to staffing ratios
- SOM highlighted that the recommendations are great but there must be considerations for the highly resource constrained environment they are operating within.
- Staffing workgroup proposed leveraging preceptor programs, website updates, and MI Works programs for recruitment and retention of staff.
- There is a lack of availability of testing to get newly trained CNAs tested.
- Placement Workgroup did not have consensus on 4<sup>th</sup> recommendation related to new
  admissions in non-hub facilities. Could consider new admissions given higher tiered protocol; or
  consider tiered options such as: hospital capacity, Hub, then non-hubs could be a used if hub
  capacity is overwhelmed. This workgroup will continue to work on further developing a
  recommendation around this topic.

#### Items flagged for future considerations:

- Recommendation to break direct care rations out by licensed trade (e.g. RNs vs CNAs)
- Recommendation for direct care worker pay increases
- Recommendation to implement quality of life items in other types of long-term care facilities, not just skill nursing facilities.

PRIORITY	Next Steps	
Final Recommendations	<ul> <li>SOM to create a brief survey as to comfort level of preliminary recommendations to TF members to support scoping what goes into final rec to Governor</li> <li>LARA reviewing recommendations for short-term implementation feasibility</li> <li>Post recommendations to website</li> </ul>	
Workgroups	Utilize meeting and survey feedback to finalize and submit recommendations by August 26	
Other		